

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____ Chapter 11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | |
|---|---|---|
| 1. Debtor's name | <u>Ambulhealth, Inc.</u> | |
| <hr/> | | |
| 2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small> | | |
| <hr/> | | |
| 3. Debtor's federal Employer Identification Number (EIN) | <u>76-0586573</u> | |
| <hr/> | | |
| 4. Debtor's address | Principal place of business | Mailing address, if different from principal place of business |
| | <u>3919 Woodlawn Ave., Suite A</u> | |
| | <u>Pasadena, TX 77504</u> | |
| | <small>Number, Street, City, State & ZIP Code</small> | <small>P.O. Box, Number, Street, City, State & ZIP Code</small> |
| | <u>Harris</u> | Location of principal assets, if different from principal place of business |
| | <small>County</small> | |
| | | <small>Number, Street, City, State & ZIP Code</small> |
| <hr/> | | |
| 5. Debtor's website (URL) | <u>ambuyasmeen@gmail.com</u> | |
| <hr/> | | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____ | |
| <hr/> | | |

Debtor **Ambulhealth, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6241**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

Debtor **Ambulhealth, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor
District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☐ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

| | | | |
|--------|--|---|--|
| Debtor | Ambulhealth, Inc. | Case number (if known) | |
| | Name | | |
| | <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Debtor **Ambulhealth, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 10, 2024**
MM / DD / YYYY**X /s/ Jesse Myers**

Signature of authorized representative of debtor

Jesse Myers

Printed name

Title **Owner****18. Signature of attorney****X /s/ Jack N. Fuerst**

Signature of attorney for debtor

Date **January 10, 2024**

MM / DD / YYYY

Jack N. Fuerst 07499500

Printed name

Jack N. Fuerst, Attorney at Law

Firm name

**2500 Tanglewilde St, Suite 320
Houston, TX 77063**

Number, Street, City, State & ZIP Code

Contact phone **(713) 299-8221**Email address **jfuerst@sbcglobal.net****07499500 TX**

Bar number and State

Fill in this information to identify the case:

Debtor name **Ambulhealth, Inc.**
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Assurance Tax Advisors 1411 Falling Creek Drive Suite 510 Houston, TX 77014 | | Business expense | | | | \$2,945.46 |
| AZ AFO P.O. Box 51551 Los Angeles, CA 90051-5851 | | Business expense | | | | \$429.64 |
| City of Pasadena 1202 Southmore Ave. Pasadena, TX 77501 | | Utility Debt | | | | \$220.12 |
| Comcast Internet 1701 JFK Blvd. Philadelphia, PA 19103-2838 | | Business expense | | | | \$339.37 |
| Comcast Phones 1701 JFK Blvd. Philadelphia, PA 19103-2838 | | Business expense | | | | \$2,000.00 |
| Constellation Newenergy, Inc. P.O. Box 5471 Carol Stream, IL 60197-5471 | | Business expense | | | | \$2,341.83 |
| HIBU P.O. Box 3162 Cedar Rapids, IA 52406-3162 | | Business expense | | | | \$120.16 |
| Paychech/Oasis 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411 | | Business expense | | | | \$2,955.00 |

Debtor **Ambulhealth, Inc.**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Propet 2415 WEst Valley Hwy N. Auburn, WA 98001 | | Business expense | | | | \$5,516.11 |
| Proteor USA LLC 1236 West Southern Ave. Suite 101 Tempe, AZ 85282 | | Business expense | | | | \$9,320.59 |
| Texas Comptroller of Public Accounts P.O. Box 149359 Austin, TX 78714 | | Sales Taxes | | | | \$3,916.00 |

Assurance Tax Advisors
1411 Falling Creek Drive
Suite 510
Houston, TX 77014

AZ AFO
P.O. Box 51551
Los Angeles, CA 90051-5851

City of Pasadena
1202 Southmore Ave.
Pasadena, TX 77501

Comcast Internet
1701 JFK Blvd.
Philadelphia, PA 19103-2838

Comcast Phones
1701 JFK Blvd.
Philadelphia, PA 19103-2838

Constellation Newenergy, Inc.
P.O. Box 5471
Carol Stream, IL 60197-5471

HIBU
P.O. Box 3162
Cedar Rapids, IA 52406-3162

Paychech/Oasis
2054 Vista Parkway
Suite 300
West Palm Beach, FL 33411

Propet
2415 WEst Valley Hwy N.
Auburn, WA 98001

Proteor USA LLC
1236 West Southern Ave.
Suite 101
Tempe, AZ 85282

Texas Comptroller of Public Accounts
P.O. Box 149359
Austin, TX 78714

U.S. Dept of Health and Human Services
Dept of the Tres. Bureau of the Fiscal S
P.O. Box 979101
Saint Louis, MO 63197-9000

**United States Bankruptcy Court
Southern District of Texas**

In re **Ambulhealth, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Ambulhealth, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Dan Myers II
2712 Green Tee Dr.
Pearland, TX 77581

Jesse Myers
17619 Broadbend Dr.
Cypress, TX 77433

☐ None [*Check if applicable*]

January 10, 2024

Date

/s/ Jack N. Fuerst

Jack N. Fuerst 07499500

Signature of Attorney or Litigant
Counsel for **Ambulhealth, Inc.**

Jack N. Fuerst, Attorney at Law

2500 Tanglewilde St, Suite 320

Houston, TX 77063

(713) 299-8221 Fax:(713) 789-2606

jfuerst@sbcglobal.net